

**CITY OF TOLLESON
PRETREATMENT DEPARTMENT**

WASTEWATER DISCHARGE SURVEY/Request to discharge wastewater to the City of Tolleson

NOTE TO SIGNING OFFICIAL: In accordance with Title 40 of Federal Regulations Part 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction.

A review of the completed survey will be done by the City of Tolleson Pretreatment department and will determine if any additional information or forms will be required, The City Pretreatment inspector will contact the business on further requirements.

The completed and signed questionnaire is to be mailed to the following address

CITY OF TOLLESON
Pretreatment Section- Jim Lunsford
9501 Pima
Tolleson, AZ 85353
Electronic Copy sent to jim.lunsford@tolleson.az.gov

Purpose of this information
Request to discharge wastewater to The City of Tolleson

() SURVEY () INITIAL PERMIT APPLICATION () PERMIT RENEWAL

PLEASE COMPLETE THE FOLLOWING BY PRINTING OR TYPING YOUR RESPONSE

Standard Industrial classification for all activities (SIC) _____

BUSINESS NAME _____

1. Business Owner: _____ Phone: _____

2. Property Owner: _____ Phone: _____

3. Facility Address: _____

4. Mailing Address: _____

5. Type of Business: _____

(Describe the manufacturing or service activities conducted on the premises)

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6. Number of Employees: _____ Shifts/Day: _____ Days/week: _____

7. How long have you been in business _____

8. Will business use city water Yes No ; If no explain:

9. Average amount of wastewater expected to be discharged per month: _____ gallons
Average amount of water expected to use per month _____ gallons

10. The type of wastewater discharged---- Domestic Industrial Both

11. Method of wastewater disposal: City sewer Other: _____

12. Do you utilize a wastewater pretreatment system prior to discharge-- Yes No
If yes explain:

13. Does the facilities generate, use or store any type of product that is considered hazardous? Yes No ; If yes, explain type and quantity:

14. Are there any floor drains in the facility---- Yes No
If yes, number of drains: _____

15. Number of floor drains that go to pretreatment system _____

16. Does the facility have recirculating cooling towers or boilers with blow down-
Yes No

17. Person to contact for information in this questionnaire:

Name: _____

Title: _____

Telephone Number: _____

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18. I certify that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate and complete.

Signature: _____

Printed Name of Official: _____

Title: _____ Date: _____

CITY USE ONLY

Standard Industrial Code (SIC) _____

Name and Title of the City of Tolleson Representative:

Date: _____

Comments:
